

Step 1: Identify your business

Step 2: List your sales or leases

1 Name

City

2 Address

Street address

RB-41 Bingo Supplier Quarterly Report

Read this information first

All suppliers of bingo supplies and equipment must file this report within 30 days after the end of any quarter during which the supplier's license was in effect. This report is due by the deadline even if you had no sales or leases during the guarter.

Bingo supplies and equipment is defined as "cards, boards, sheets, markers, pads, and any other supplies, devices, and equipment designed for use in the play of bingo."

Quarters end on March 31, June 30, September 30, and December 31.

State

Mail your completed report to:
OFFICE OF BINGO AND CHARITABLE GAMES
ILLINOIS DEPARTMENT OF REVENUE
PO BOX 19480
SPRINGFIELD IL 62794-9480

4 This report is for the quarter ending ______

3 Supplier license number

If you have any questions, call our Springfield office between 8:00 a.m. and 4:30 p.m. at 217 524-4164. You may also write to us at the address above.

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made in Illinois this quarter, even those made to persons or organizations that are not licensed to conduct bingo games. For equipment you sold, write an "S" and the date of sale in the appropriate columns. For equipment you leased, write an "L" and the dates of the events for				which the equipment will be used in the appropriate columns. Attach additional sheets if necessary. Note: If you did not make any sales or leases this quarter, write "none" on Line 1 and go to Step 3.			
	Organization purchasing or leasing bingo equipment	Bingo license number		Gross proceeds from sale or lease	Sold ("S") leased ("L")	Date of sale or lease	
1		В	\$_			Month Day Year —	
	mber and street	_					
City	r, state, ZIP	В	\$_			Month Day Year —	
	mber and street /, state, ZIP	<u> </u>					
3	me	В	\$_			//	
	mber and street , state, ZIP	_ _					
4Nan	ne	B	\$_			Month Day Year	
	mber and street	_					

Step 2: List your sales or leases (continued)

5	Name	В	\$	Month Day Year
6	Number and street City, state, ZIP Name	B	\$	// Month Day Year
7	Number and street City, state, ZIP Name Number and street	B	\$	//
8	City, state, ZIP Name Number and street	В	\$	// Month Day Year
9	City, state, ZIP Name Number and street	В	\$	//
10	City, state, ZIP Name Number and street	B	\$	//_ Month Day Year
11	City, state, ZIP Name Number and street City, state, ZIP	B	\$	//Year

Step 3: Sign below

Under penalties of perjury, I state that I have examined this report, and to the best of my knowledge, it is true, correct, and complete.

Officer's signature Title Date